

# **Application Data Sheet**

## **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	No
Number of copies of CRF::	
Title ::	METHOD OF INPUT OF A SECURITY CODE BY MEANS OF A TOUCH SCREEN FOR ACCESS TO A FUNCTION, AN APPARATUS OR A GIVEN LOCATION, AND DEVICE FOR IMPLEMENTING THE SAME
Attorney Docket Number::	ICB0160
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	5
Small Entity?::	No
Latin Name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

## **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	SWITZERLAND
Status::	Full Capacity
Given Name::	Darryl
Middle Name::	
Family Name::	GAUTHEY
Name Suffix::	
City of Residence::	Yverdon
State or Province of Residence::	
Country of Residence::	SWITZERLAND
Street of mailing address::	Rue de la Faïencerie 2
City of mailing address::	Yverdon
State or Province of mailing address::	
Country of mailing address::	SWITZERLAND
Postal or Zip Code of mailing address::	CH-1400
Applicant Authority Type::	Inventor
Primary Citizenship Country::	SWITZERLAND
Status::	Full
Given Name::	Pierre-Andre
Middle Name::	
Family Name::	FARINE
Name Suffix::	
City of Residence::	Neuchâtel
State or Province of Residence::	
Country of Residence::	SWITZERLAND
Street of mailing address::	Port-Roulant 12

City of mailing address:: Neuchâtel  
State or Province of mailing address::  
Country of mailing address:: SWITZERLAND  
Postal or Zip Code of mailing address:: CH-2000

## Correspondence Information

Correspondence Customer Number :: 24203

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone Number:: (703) 979-5700

Fax Number:: (703) 979-7429

E-Mail address:: [g&s@szipl.com](mailto:g&s@szipl.com)

## Representative Information

<b>Representative Customer Number::</b>	24203	
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## Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::

## Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
CH	1990/02	11/26/2002	Yes

## Assignee Information

Assignee name:: Asulab S.A.  
Street of mailing address:: Rue des Sors 3  
City of mailing address:: Marin  
State or province of mailing address::  
Country of mailing address:: SWITZERLAND  
Postal or Zip Code of mailing address:: CH-2074